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				Complete if Known			
Sub	stitute for form 1449/P	10		Application Number	09/681,586		
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STATEMENT BY APPLICANT				First Named Inventor	Victor V. GOGOLAK		
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	(Use as many sheets as necessary)			Examiner Name	B. J. Buss		
Sheet	1	of	1	Attorney Docket Number	597932000200		

U.S. PATENT DOCUMENTS						
Examiner Initials*	Cite No.1	Document Number Number-Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	

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Examiner Initials*	Cite No.1	Foreign Patent Document Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T [©]	
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"EXAMINER: Initial if information considered, whether or not clairlon is in conformance with MPEP 609. Draw fire through clairlon if not in conformance and not considered, include copy of the form with next communication to applicant." "Applicants unique clairlon designation manther (opticate)." See Vide Codes of the Vide Codes of the

NON PATENT LITERATURE DOCUMENTS				
Examiner Initials	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journ al, senial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T²	
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Examiner	Date	
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